STATEMENT OF DISCLOSURE OF INTERESTS

GOVERNOR/GOVERNOR'S CABINET/CABINET LEVEL STAFF/ CONSTITUTIONAL OFFICERS/GENERAL ASSEMBLY MEMBERS

INSTRUCTIONS: This form is for reporting all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §§ 8-50-501 et seq., 2-10-128 and 2-10-129). Statements of Disclosure of Interests must be filed annually by April 15 with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243 If you have questions, please feel free to contact the Commission at (615) 253-8634 or email us at ethics.counsel@state.tn.us. You must complete items 1-6. If there were no changes in items 7-13 since the previous report, you may check the box in item 14; otherwise, you must complete items 7-13. Disclosure statements must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please note that the information listed on this statement will be posted on the Commission's website as required by T.C.A. §§ 2-10-128(b), 2-10-129(b) and 8-50-501(d)(1).

NOTE: An amended Statement of Disclosure of Interests must be filed whenever reported conditions change due to the termination or acquisition of any interests for which disclosure is required by law.

2. NAME OF OFFICIAL AND TITLE/POSITION

1. DATE OF DISCLOSURE

3. ADDRESS	Street or Rur	al Route	City	State	Zip Code
of this provision income" included be stated; how received from income received entity. For incomenterprise in life on your or your fund in lieu of the incoments of the incomen	major source(son, income shade, but are not evever, you must a security listed from investioned derived from of any investions spouse's belithe business e	If be reported fo limited to, office at list the name at d on the New Y ments with a fector the ownersh stment brokerage alf. For income interprise securi	ome of more than \$200 for the calendar year in whices, directorships and salariand address of each sourcork Stock Exchange, Amederal or state chartered baip of a business enterprise ge firm or other fiduciary the derived from a mutual furties owned by the mutual ass of any investment propersists.	ch it is received. "Maj ed employment. No d ce of income, except for crican Stock Exchange nk. You may list only to e's securities, you may nat may possess or mand, you may list the na fund. You are not requ	or sources of private ollar amounts need to or sources of income or NASDAQ or from the name of the y list the name of the anage the securities ame of the mutual uired to disclose any

5. POSITIONS HELD : List any position held including, but not limited to, officer, director, trustee, general partner, proprietor, or representative of any corporation, firm, partnership, business enterprise, non-profit organization or educational institution. Both the month and year must be reported for the period of time the position was held. Positions with the federal government, religious, social, fraternal or political entities, and those solely of an honorary nature, do not require disclosure.					
	lame of Organization	Position Held	Date Held		
		identify the nature of the interest a	to T.C.A. § 35-50-120 in which you or and list the location of the trust and the blind trust need be disclosed.		
	or other business organization in ex	ccess of ten thousand dollars (\$10 n or organization must be listed b	hildren residing with you in any corporation 0,000) or five percent (5%) of the total ut no dollar amounts or percentages of the		
	LEGISLATIVE EXPENSES: List the used for defraying the expenses rela		of any contribution from private source(s) e of your legislative duties.		
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	LOBBYING: List any person, firm or residing with you performs compens lobbying in which you, your spouse	sated lobbying services. Also, list			

10. - -	PROFESSIONAL SERVICES: List in general terms (by areas of the client's interests) the entities to which professional services, such as those of an attorney, accountant or architect, are furnished by you or your spouse. View Instructions
- 11. - -	RETAINER FEES : List any retainer fee you receive from any person, firm or organization which is in the practice of promoting or opposing, influencing or attempting to influence, directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, its legislative committees or the members thereof.
- 12. - -	BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
13.	LOANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are: (1) From your immediate family (spouse, parent, sibling or child); (2) From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule; (3) Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender made on a basis which assures repayment; evidenced by a written instrument and subject to a due date or amortization schedule; (4) From a partnership in which you have at least ten percent (10%) partnership interest; (5) From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling or child).
14.	NO CHANGES IN ITEMS 7-13 (Check if applicable):
	There has been no change in the conditions listed in Items 7 - 13 since my previous report to the Tennessee Ethics Commission.

15. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this disaccurate report as required by the Conflict of Interest Dis	sclosure statement is true and that it is a complete and closure Act.
Signature of Official	Date
I, the undersigned, do hereby witness the above	signature which was signed in my presence.
Signature of Witness	Date
Name of Witness (Printed)	

